

APPLICATION FOR EMPLOYMENT

BOROUGH OF EMMAUS

28 S. FOURTH STREET
EMMAUS, PA 18049



We consider applications for all positions without regard to age, race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

(PLEASE PRINT)

Position (s) Applied For:	Date of Application:	
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Telephone Number(s)					

Best time to contact you is:	_____ : _____ AM / PM
If you are under 18 years of age, can you provide required proof of eligibility to work?	Yes No
Have you ever filed an application with us before?	Yes No
If Yes, give date: _____	
Do any of your friends or relatives work here?	Yes No
If Yes, who? _____	
Are you currently employed?	Yes No
If Yes, may we contact your present employer?	
Have you ever been convicted of a felony?	Yes No
If Yes, please explain nature of felony and list date of conviction: _____	
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?	
<i>Proof of citizenship or immigration status will be required upon employment.</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date available for work: ____ / ____ / ____	What is your desired salary range? _____
Are you available to work:	<input type="checkbox"/> Full-Time
	<input type="checkbox"/> Part-time

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military. Are you considered a veteran?

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1	Employer		<u>Dates Employed</u>		Work Performed
			From	To	
	Address				
	Telephone Number(s)		<u>Hourly Rate / Salary</u>		
			Starting	Final	
2	Job Title	Supervisor			
	Reason for Leaving				
	Employer		<u>Dates Employed</u>		Work Performed
			From	To	
	Address				
Telephone Number(s)		<u>Hourly Rate / Salary</u>			
		Starting	Final		
3	Job Title	Supervisor			
	Reason for Leaving				
	Employer		<u>Dates Employed</u>		Work Performed
			From	To	
	Address				
Telephone Number(s)		<u>Hourly Rate / Salary</u>			
		Starting	Final		
Job Title		Supervisor			
Reason for Leaving					

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business, or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS

(CHECK SKILLS / EQUIPMENT OPERATED)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production / Mobile	
<input type="checkbox"/> PC / MAC	<input type="checkbox"/> Word Processing	Machinery (List):	Other (List):
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	<input type="text"/>	<input type="text"/>
WPM <input type="text"/>	WPM <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Microsoft Office	<input type="checkbox"/> Office Equipment	<input type="text"/>	<input type="text"/>

State any additional information you feel may be helpful to us in considering your application.

***Note to Applicants:* DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING!**

Can you perform the essential functions and duties of the job, for which you are applying, either with or without a reasonable accommodation? YES NO

REFERENCES

1.	<input type="text"/> (Name)	<input type="text"/> ()	<input type="text"/> Phone #
	<input type="text"/> (Address)		
2.	<input type="text"/> (Name)	<input type="text"/> ()	<input type="text"/> Phone #
	<input type="text"/> (Address)		
3.	<input type="text"/> (Name)	<input type="text"/> ()	<input type="text"/> Phone #
	<input type="text"/> (Address)		

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open:

☐ Yes

☐ No

Position(s) Considered For:

Date: _____

Applicant Name: _____

Position Applying For: _____

Date of Application: _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview ☐ Yes ☐ No

Remarks _____

INTERVIEWER

DATE

Employed ☐ Yes ☐ No Date of Employment _____

Job Title _____ Salary / Rate _____ Department _____

By: _____
Name and Title Date